

## STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobbyist(s):	Heidi L. Kroll; Paul A. Worsowic	CZ
II. Name of Lobbyist's pa	ortnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN	& GARTRELL, P.C.
	214 North Main Street, Con	ncord, NH 03301
603-228-118		kroll@gcglaw.com
(Telephone)	(Fax)	(Email)
	s: (Choose one – file separate reports for ctions which are not attributable to any	each client, OR you may file a separate report for one client.)
All reportable trans	actions occurring in the month prior to the	reporting date relative to the following client.
	AMERICA'S HEALTH INSURA	ANCE PLANS (AHIP)
(	Full Name of Client as it appears on the Lo	
All reportable transcurrelated to any par		ist's family), or the lobbying firm listed below which ar
IV. Date of Report:	April 25, 2018 🗵	July 25, 2018 □
Reports cover: activity	y from date of registration to 3/31/18	activity from 4/1/18 to 6/30/18
•	October 31, 2018	January 30, 2019 □
acti	vity from 7/1/18 to 9/30/18	activity from 10/1/18 to 12/31/18
	es received and no reportable transaction blete just this form and submit it to the Secre	s made since the last report.  etary of State's Office, State House, Room 204,
VI. Check if additional re	eports are attached:	
X If you have received	d fees or made expenditures, you must file A	Addendum A – Fees and Expenses
<b></b>		nust file Addendum B – Report of Honorariums or
		ns, you must file Addendum C – Political Contribution
Sworn Statement/Affirma I have read RSA 15, RSA 1 to the best of my knowledge	5-B and RSA 664 and hereby swear or affin	rm that the foregoing information is true and complete
Huli 2. Krol	λ	4.18.18
(Signature of Lobbyist)		니 (Date)
Heidi L. Kroll		
(Print Name of lobbyist)		

RECEIVED

APR 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE T



## STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Heidi L. Kroll; Paul A. Worsowicz			
II. Name of lobbyist's p	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.		
	(Name of partnership, firm or corporati	on)		
III. Name of Client	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date	April 25, 2	2018
lobbying, including fees f	t of all fees received from the client identified above for services such as public advocacy, government relatoring legislation, and related legal work. The gross f	ations, or	public relation	ons services,
a) Total of all fees receive	red in this reporting period		a) \$	16,137.00
	ved this calendar year, prior to this reporting period. e total prior monthly reports for this calendar year.)		b) \$	
c) Total of all fees receiv (Add lines a and b)	red to date.		c) \$	16,137.00
d) Indicate the amount of yet been paid.	f any such fees that are due, but have not		d) \$	.00.
fees. Separate reports ar lobbyist(s)/firm that are to are to be reported in one reporting period for sala expenses where the experthe cost was \$25.00 or le purchase of a ceremonial statement of each individ covered by (a) (for example given to the subject of legislative reception). Experience of the subject of the subj	rtnerships, firms, or corporations are required to re et to be filed for expenditures made relative to each claurelated to any one client a separate report may be of three categories of expenses: (a) the aggregatives, benefits, support staff, and office expenses; (anditure was of \$25.00 or less (for example: meals pass, purchase of a pen with a value of less than \$10 the object given to a person being lobbied with a value ual expenditure made during this reporting period of pale: purchase of a meal with value of greater than \$20 to obbying with a value greater than \$25, but not greater than \$25 to obbying with a value greater than \$25 to obbying with a walue greater than \$25 to obbyin	ient and ifiled for the total of b) the agurchased hat is give of \$25.0 greater than	if expenditure the lobbyist(s) of all expense gregate total during a bus en to the pers 0 or less); as han \$25.00 for ise of a ceren \$50, restaura	es are made by the sylfirm. Expense es paid during the of all individuations lunch when son being lobbided (c) an itemize or any purpose no nonial object to but expenses for
support staff, and office e b) Total aggregate of exp	ses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$		12,002.75
in a), of \$25 or less.		c) §	s	.00
c) Total of all itemized e	xpenditures reported in detail in section VI.			100.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)		
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	12,102.75
e) Total of expenses paid this calendar year, prior to this reporting period.  (This should be the amount on line f of addendum A for last month's report.)	e) \$	
f) Total of all expenses year to date.	f) \$ _	12,102.75
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fe period, including by whom paid or to whom charged.	es during this	reporting
Paid to: State of NH	Am \$	ount 100 00
	<u> </u>	
	<u>\$</u>	<del></del>
State of NH		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the is true and complete to the best of my knowledge and belief.	foregoing ir	nformation
- Hunder 2.1 Lody	18.18	
(Signature of lobbyist)  (Signature of lobbyist)  (Date)		
Heidi L. Kroll  (Print Name of Lobbyist)		

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Statement of Income and Expenses for:					
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  America's Health Insurance Plans (AHIP)					
Date of Report (check	k one):				
April 25, 2018	July 25, 2018 □	October 31, 2018 🗆	January 30, 2019 □		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
1 Addendum A(s)					
0 Addendum B(s)					
0 Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.					
(Signature of Lobbyi	Morsony st)		47678 (Date)		
Paul A. Worsowicz					
(Print Name of lobby	yist)				